

10/517384

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3			/				53						
4				/			54						
5					/		55						
6						/	56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15	/						65						
16		/					66						
17			/				67						
18				/			68						
19	/						69						
20		/					70						
21	/						71						
22		/					72						
23			/				73						
24	/						74						
25		/					75						
26			/				76						
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28					/		78						
29						/	79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38	/						88						
39		/					89						
40			/				90						
41				/			91						
42	/						92						
43		/					93						
44			/				94						
45				/			95						
46					/		96						
47						/	97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	45						TOTAL DEP.						
TOTAL CLAIMS	32						TOTAL CLAIMS						